

Supervisor's Role in Safety & Health

1 Who Should Attend . . .

This seminar is a must for anyone concerned about health and safety on the job including:

- ▶ Managers concerned about liability and worker's compensation costs
- ▶ Employees who want to learn proper techniques for protecting their safety and health at work
- ▶ Business owners who want to learn about compliance with MIOSHA

2 Why you need this Seminar . . .

- ▶ To reduce disabling injuries and illnesses to employees - and to ensure that every worker goes home safe and healthy every day.
- ▶ To reduce the high direct costs of work-related injuries, which grew to \$42.5 billion nationally in 2000, and indirect costs, which were estimated at an additional \$127 - \$212 billion in 2002. (*2003 Liberty Mutual Safety Index.*)
- ▶ To enhance your company's bottom line. A strong safety and health commitment not only protects workers, it also reduces worker's compensation costs, improves employee morale, and increases production and quality.

3 What You'll Learn . . .

This seminar is designed for first line supervision, safety and health committee members, and management personnel. The duties and responsibilities of the supervisor/manager typical of an effective safety and health management system are examined. Topics include safety and health training, accident investigation, hazard recognition, job safety analysis, and workplace inspections. The program will cover health and safety responsibilities that include self-inspection techniques, Job Safety Analysis, accident investigation, hazard recognition and employee training. This program gives tips to supervision on methods to integrate health and safety into their daily duties and responsibilities. Using MIOSHA standards and required written programs as a baseline, supervisors are given suggestions to improve their safety and health hazard recognition. Motivational techniques are provided to address those who fail to follow safe and healthy work practices.

Agenda

*We offer a flexible
program agenda
to emphasize the
topics you
want most.*

- ▶ Supervisor Responsibilities
- ▶ Hazard Identification
- ▶ Accident Investigation

Facilitator

Jennifer Clark-Denson has over 10 years experience in occupational safety. Prior to joining the CET Division as an occupational safety consultant, she spent time working as a General Industry Safety Officer for MIOSHA where she was responsible for inspecting a wide variety of work operations to observe and identify potential violations of MIOSHA safety standards. Her previous work experience includes positions as an Environmental Consultant and Code Compliance Officer.

Jennifer currently provides occupational safety services to Wayne, Monroe, and portions of Macomb counties. She earned a Bachelor's degree in Industrial and Environmental Health Management from Ferris State University.

Presenters: Jennifer Clark-Denson, Debra Gundry, and Richard Zdeb,
Occupational Safety Consultants, MIOSHA, CET Division



Jennifer Clark-Denson
*Occupational Safety Consultant,
MIOSHA, CET Division*

Program Details

DATE:	January 12, 2005	TIME:	Check-in - 8:30 a.m. Program - 9:00 a.m. to 4:00 p.m.
LOCATION:	Monroe County Community College 1555 S. Raisinville Rd. Administration Bldg. A-1739 Monroe, MI	DEADLINE:	Register by January 6, 2005 Enrollment is limited to 30 participants, so please register early!
COST:	\$45 per person, includes, continental breakfast, lunch and course materials.	CONTACT:	MCCC-Lifelong Learning Office - 734.384.4127

COSPONSOR: Monroe County Community College

If this valuable seminar doesn't fit with your schedule or position, please pass this flyer on to a colleague.

How to Register

Supervisor's Role in Safety & Health

Complete information at right to register
by: (One Form Per Person)

► **Phone:** 734.384.4127

► **Fax:** 734.384.4190

► **Mail:** Monroe County Community
College
CCS Office
1555 S. Raisinville Rd.
Monroe, MI 48161
Attn: Office of Lifelong Learning

☐ Check or Money Order (payable to
MCCC)

☐ Company Check (or payment confirmation on company letterhead with this form.

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Social Security Number: _____ Date of Birth _____

Name: _____

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Evening Phone: _____

☐ Mastercard or Visa #: _____

Signature: _____ Exp. Date: _____